

Please type a plus sign (+) inside this box

+

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 16869S033500

First Inventor

Fukushima, Akio

Title

ELECTRONIC WATERMARK EMBEDDING APPARATUS AND METHOD AND A FORMAT CONVERSION DEVICE HAVING A WATERMARK EMBEDDING FUNCTION

Express Mail Label No.

EL670654712US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 58]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets 6]
5. Oath or Declaration [Total Pages 1]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper number of pages
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations (1)
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 20350 or ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Robert C. Colwell

Registration No. (Attorney/Agent)

27,431

Signature

*Robert C. Colwell*

Date

August 30, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Fukushima, Akio
Examiner Name	
Group Art Unit	
Attorney Docket No.	16869S-033500US

TOTAL AMOUNT OF PAYMENT (\$) 2110

METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b>		<b>3. ADDITIONAL FEES</b>	
Deposit Account Number	20-1430	Large Fee Code	Entity Fee (\$)
Deposit Account Name	Townsend and Townsend and Crew LLP	Small Fee Code	Entity Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Fee Description	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Paid	
<b>2. <input type="checkbox"/> Payment Enclosed:</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
Fee Description	Fee Paid		
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		(\$710)	
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	40	-20**	= 20
Independent Claims	16	-3**	= 13
Multiple Dependent			
Extra Claims		Fee from below	Fee Paid
X		\$18	\$360
X		\$80	\$1,040
X			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
Fee Description	Fee Paid		
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9
SUBTOTAL (2)		(\$1400)	
*or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	
		(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Robert C. Colwell	Registration No. (Attorney/Agent)	27,431
Signature		Telephone	650-326-2400
		Date	August 30, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. PA 3167406 v1